

2016 Retiree Health Plan Comparison Chart – Over Age 65

BENEFIT	Indemnity Plan		Choice Plus 100	
	(UHC)		In-Network	Out-of-Network *
Annual Deductible Individual Family	\$250 \$500		None	\$600 per person
Coinsurance/Plan Pays	80% after deductible		100%	60% after deductible
Annual Out-of-pocket Maximum Individual Family	\$1,250 (includes deductible) \$2,500 (includes deductible)		\$4,000 \$8,000	\$4,500 \$9,000
Preventive Care	Not covered		100%	Not covered
Physician Office Visits	80% after deductible		\$30 copay	60% after deductible
Emergency Room - Copay	80% after deductible		\$150 copay Waived if admitted	\$150 copay; waived if admitted
Inpatient Hospital Care	<i>Pre-certification required</i> Room & Board: 100% after deductible Surgeon: 80% after deductible		\$500 copay per admission	60% after deductible <i>Pre-certification required</i>
Outpatient Care	<i>Pre-certification required</i> Surgery: 80% after deductible		\$150 copay (including lab and radiology)**	60% after deductible <i>Pre-</i> <i>certification required</i>
Outpatient Hospital Services	Surgeon's fee: 80% after deductible Non-surgical: 80% after deductible Laboratory/Radiology including pre- admission testing: 80% after deductible		\$150 copay (including lab and radiology)**	60% after deductible <i>Pre-certification required</i>
Mental Health and Substance Abuse – Inpatient care	<i>Pre-certification required</i> 100% after deductible		\$500 copay per admission	60% after deductible <i>Pre-certification required</i>
Mental Health and Substance Abuse – Outpatient programs	<i>Pre-certification required</i> 80% after deductible		\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; <i>Pre-certification required</i>
Mental Health and Substance Abuse – Outpatient counseling	80% after deductible		\$30 copay	70% after deductible Combined in-network and out-of-network <i>Pre-certification required</i>
Vision Care	None		None	None
Hearing Care	None		None	None
Laboratory/Radiology	80% after deductible		100% if non-hospital location	60% after deductible
Prescription Drug Coverage through Express Scripts	Retail (30-day supply) Generic: \$10 copay Single-source brand: \$25 copay Multi-source brand: \$45 copay		Mail-order (90-day supply) Generic: \$15 copay Single-source brand: \$50 copay Multi-source brand: \$90 copay	

Important note: Many services require pre-certifications from Medicare. If you use a network provider, your participating network doctor or hospital generally takes care of the pre-certification process for you. However, it's always good to double-check that your provider has obtained the necessary authorizations from Medicare.

* Out-of-network coinsurance reimbursement is based on 190% of the Medicare Maximum Allowable Charge (MAC).

** No copay for Lab and Radiology at certain designated NYP locations. (List of NYP participating locations at <http://hr.columbia.edu/forms-docs/search> (under "NYP"))